MICOCODANO

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
special Instructions to R.A. Sign Fixthe A.P. Sign	Filing Officer:	101

Office Use Only



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COVER LETTER

Registration Section

TO:

• Divisi	ion of Corporation	ns						
J SUBJECT:	az01 LLC							
Name of Limited Liability Company								
					unsact Business in Florida," Ce y company to transact business			
Please return a	Il correspondence o	concerning this matter to the	following:					
	Humberto L. R	odriguez						
		N	ame of Person					
	Gonzalez & Ro	driguez PL						
	Firm/Company							
	999 Ponce de L	eon Blvd. Ste. 1135						
			Address					
	Coral Gables F	L 33134						
		City/Si	tate and Zip Code					
	hrodriguez@gr-l	aw.net						
		E-mail address: (to be used	for future annual	report not	ification)			
For further info	rmation concerning	g this matter, please call:						
Humb	erto L Rodriguez		305 at (461-48				
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Divisi Regist P.O. B	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314			Division of Registratic Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	neck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	ficate		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTED SINESS IN THE STATE OF FLORIDA:

lability Company," "L.L.C	alternate name adopted for the purpose of transacting," or "LLC.")	ng business in Florida. The alle	ernate name	niusi inci	was "Limite
Delaware	3.				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if a	pplicable)		
3-2-16					
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.)			
999 Ponce de Leon B		·			
Coral Gables, FL 3313	34				
· · · ·	(Street Address of Principal Offic	ce)			
999 Ponce de Leon Bl	vd. PH 1135		- 1	35	
Coral Gables, FL 3313	44		2.03	2016 1	-
	(Mailing Address)			三 三	An take mprope E - E
Name and street addre	ss of Florida registered agent: (P.O. Box NO	T_acceptable)	SAC MICK	5	μ1 τ. 15 (μλ τ αθ ** 1).
Name:	Gonzalez & Rodriguez PL	_ , ,	713	U	
Office Address:	999 Ponce de Leon Bivd. PH 1135		STA		O
	Corat Gables	n 33134	52	5	
	(City)	, Florida(Zip (code)		
signated in this applica complywith the provisi	gistered agent and to accept service of procestion, I hereby accept the appointment as regions of all statutes relative to the proper and comy position as registered agent.	stered agent and agree to a	ict in this	capacity.	I further
	(Registered agent's si	gnature)			
. The name, title or caps	icity and address of the person(s) who has/hav	e authority to manage is/are	: :		
inesto N. Lemberger	managu				
900 Pm	u de kun Blid.	Ph 1135			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
la la	Wes C1 32126	-/			
loral go	u de kur Blod ablos, FL 33134	1			
Attached is a certificate	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	uthenticated by the official	having cu lation of th	stody of	records in t cate under d
Attached is a certificate risdiction under the law	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	authenticated by the official a foreign language, a trans	having cu lation of ti	stody of	records in t cate under d
Attached is a certificate risdiction under the law of the translator must be sunis document is executed	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in abmitted) Signature of an authorize in accordance with section 605.0203 (1) (b), i	authenticated by the official a foreign language, a trans of person Florida Statutes. I am aware	lation of the	ne certific	cate under d
Attached is a certificate risdiction under the law of the translator must be such is document is executed	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in abmitted) Signature of an authorize	authenticated by the official a foreign language, a trans of person Florida Statutes. I am aware	lation of the	ne certific	cate under d

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JAZ01 LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2016.

Authentication: 201865329

Date: 02-22-16



The Secretary of State of Delaware issued a certificate for JAZ01 LLC whose file number is 5733146 on 2/22/2016 under request number 20160960760 for authentication number 201865329

